Application or Dock t Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 1) TYPE (Column 2) OR **SMALL ENTITY** TOTAL CLAIMS FEE RATE RATE FEE OR BASIC FEE BASIC FEE 355.00 **NUMBER EXTRA** 710.00 NUMBER FILED TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= INDEPENDENT CLAIMS minus 3 = X40= X80= OR **MULTIPLE DEPENDENT CLAIM PRESENT** +135= +270= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY** SMALL ENTITY OR (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **PREVIOUSLY AFTER EXTRA** FEE **AMENDMENT** PAID FOR FEE Minus X\$18= X\$ 9= OR Independent Minus *** X40= X80 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE **TIONAL RATE TIONAL AFTER PREVIOUSLY EXTRA FEE AMENDMENT** PAID FOR FEE Minus ** X\$ 9= X\$18= OR Independent Minus = X40 =X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column O) (Column O) ADDI-ADDI-RATE TIONAL RATE TIONAL FEE FEE X\$ 9= X\$18=

		(Column 1)		(Column 2)	(Column 3)		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		RIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	•	Minus	••	=		
	Independent	•	Minus	***	=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FOR

AMENDMENT

AMENDMENT

Total

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OR

OR

OR

OR

X80 =

+270=

TOTAL

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ADDIT. FEE

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[&]quot;If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3. nter "3."

The "High st Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY Inform NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: LOS LINCO

Total Fee Calculation

and the Continuous									
	Fee Cade	Tara) # Objects	Number Econ V	Fire	Fac	- Total			
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English Translation	110				<u>130</u> .	130			
TOTAL FEE CALCULA	(T10):					 234			
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